Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submissio	n Identification Number (SID)					
Taxpayer's na	ame	Social secu	Social security number			
RAHUL :	RATHOD KADAVATH	125-5	125-51-9972			
Spouse's nan	ne	Spouse's s	Spouse's social security number			
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	 rvear vou	are au	thorizina	.)	
	e dollars only on lines 1 through 5.	<i>y</i> • • • • • • • • • • • • • • • • • • •	<u> </u>		-/	
	n 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1 Adj	usted gross income		1	2	2,948.	
2 Tot	al tax		2		0.	
3 Fed	leral income tax withheld from Form(s) W-2 and Form(s) 1099		3		174.	
4 Am	ount you want refunded to you		4		174.	
	ount you owe		5			
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and I	ceep a co	py of y	our retu	ırn)	
to send my for any dela Agent to init payment of authorizatio payment, I business da taxes to rec personal ide	nal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmereturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejective yin processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Utiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account ind my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires prior to the payment (settlement) date. I also authorize the financial institutions involved in the delive confidential information necessary to answer inquiries and resolve issues related to the partification number (PIN) below is my signature for the income tax return (original or amended) I a	ection of the S. Treasury cated in the on to debit the the author uests must processing ayment. I for	transmis and its of tax prepare entry exation. To be receiful of the elurther ac	ssion, (b) the designated paration so to this according revoke wed no lat ectronic parking which will be so to the design of the	he reason Financial fitware for ount. This (cancel) a er than 2 ayment of that the	
	unds Withdrawal Consent.					
	s PIN: check one box only	511.1	1 9 9	9 7 2		
× I	authorize GLOBAL TAXES LLC to enter or generate ERO firm name			digits, but	as my	
si	gnature on the income tax return (original or amended) I am now authorizing.	(ion't ente	er all zeros		
if	will enter my PIN as my signature on the income tax return (original or amended) I am n you are entering your own PIN and your return is filed using the Practitioner PIN meth elow.					
Your signa	ture ▶ Date ▶ _					
Spouse's	PIN: check one box only					
• —	authorize to enter or generate	my DIN			as my	
	ERO firm name	-	nter five	digits, but	asiny	
si	gnature on the income tax return (original or amended) I am now authorizing.			r all zeros		
if	will enter my PIN as my signature on the income tax return (original or amended) I am n you are entering your own PIN and your return is filed using the Practitioner PIN meth elow.					
Spouse's s	signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part III	Certification and Authentication — Practitioner PIN Method Only					
ERO's EF	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2 7	7 1	
		Don't e	inci ali Zt	03		
authorized t	t the above numeric entry is my PIN, which is my signature for the electronic individual income to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submits of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Inc.	itting this re	turn in a	accordance		
ERO's sigr	nature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To I	Oo So				

Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan	n. 1–D	ec. 31, 2023, or other tax year beginn	ing	, 2023,	ending	, 2	20	See separate instructions.		
Your first name and middle initial						Your iden	our identifying number			
							(see instru	ictions)		
RAHUL RAT	CHOL)	KADAVATH				125-5	125-51-9972		
Home address ((numl	per and street). If you have a P.O. box	, see ins	tructions.				Apt. no.		
1555 N SI	ERR	A ST						208		
City, town, or po	ost of	fice. If you have a foreign address, als	so comp	lete spaces below.		State	ZI	P code		
RENO						NV	8	9503		
Foreign country	nam	e	Foreigr	n province/state/county		Foreign p	ostal code			
	1									
Filing	☐ Single ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) ☐							e 🗌 Trust		
Status	If	you checked the QSS box, enter the o			son is a child but not	your depe	ndent:			
Check only one box.										
-	Λ+ α	ny time during 2023, did you: (a) recei	ivo (00 0	roward award or navm	ant for property or as	ruioco): or	(b) coll ov	ohongo or		
Digital Assets		rwise dispose of a digital asset (or a f					(D) Sell, ex			
Dependents					,	(4) Che	ck the box if	qualifies for (see inst.):		
(see instructions):				(2) Dependent's		Chile	d tax credit	Credit for other		
,	-	(1) First name Last name		identifying number	(3) Relationship to yo	u		dependents		
If more than four							<u> </u>			
dependents, see	-									
instructions and check here							<u> </u>			
	1a	Total amount from Form(s) W-2, box	, 1 (000 i	notructions)			1a	2,948.		
Income Effectively	b	Household employee wages not rep	•	•				2,510.		
Connected	C	Tip income not reported on line 1a (s		. ,						
With U.S.	d	Medicaid waiver payments not repo		•			1d			
Trade or	e	Taxable dependent care benefits fro		.,	,		1e			
Business	f	Employer-provided adoption benefit		·			1f			
240000	g	Wages from Form 8919, line 6		· ·			1g			
Attach Form(s) W-2,	h	Other earned income (see instruction	1h							
1042-S,	i	Reserved for future use								
SSA-1042-S,	j	Reserved for future use					1j			
RRB-1042-S, and 8288-A	k	Total income exempt by a treaty from line 1(e)								
here. Also attach	z	Add lines 1a through 1h			1k		1z	2,948.		
Form(s)	2a	Tax-exempt interest 2a	1		able interest		2b	277101		
1099-R if tax was	3a	Qualified dividends 3a	_		linary dividends		3b			
withheld.	4a	IRA distributions 4a		b Tax	able amount					
If you did not	5a	Pensions and annuities 5a	3	b Tax	able amount		5b			
get a Form	6	Reserved for future use					6			
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu								
	8	Additional income from Schedule 1	(Form 10	040), line 10			8			
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is	your total effectively c	onnected income .		9	2,948.		
	10	Adjustments to income from Sched income								
	11	Subtract line 10 from line 9. This is y	our adju	ısted gross income			11	2,948.		
	12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)							13,850.		
	13a	Qualified business income deduction			1 1		12 12			
	b	Exemptions for estates and trusts or	nly (see i	nstructions)	13b					
	С									
	14	Add lines 12 and 13c					14	13,850.		
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your ta x	xable income		15	0.		

Form 1040-NR (2023)										Page 2
Tax and	16	Tax (see instructions). Check if ar	ny from For	m(s): 1 88	314 2	4972	2 3			16	0.
Credits	17	Amount from Schedule 2 (Form	1040), line	3						17	0.
	18	Add lines 16 and 17									0.
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 8812 (F	orm 104	0) .			19	
	20	Amount from Schedule 3 (Form	1040), line	8						20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18. If a	zero or less	s, enter -0						22	0.
	23a	Tax on income not effectively co Schedule NEC (Form 1040-NR),					23a				
	b	Other taxes, including self-empline 21	oyment ta	x, from Schedul	e 2 (Form 1	1040),	23b				
	С	Transportation tax (see instruction					23c				
	d	Add lines 23a through 23c .	,			L				23d	
	24	Add lines 22 and 23d. This is yo								24	0.
Payments	25	Federal income tax withheld from									
. aymonto	а	Form(s) W-2					25a		174.		
	b	Form(s) 1099				- H	25b				
	С	Other forms (see instructions)					25c				
	d	Add lines 25a through 25c .				_				25d	174.
	e	Form(s) 8805								25e	_
	f	Form(s) 8288-A								25f	
	g	Form(s) 1042-S								25g	
	26	2023 estimated tax payments a								26	
	27	Reserved for future use				1	27				
	28	Additional child tax credit from S				- F	28				
	29	Credit for amount paid with Form		•	'	- F	29				
	30	Reserved for future use				- H	30				
	31	Amount from Schedule 3 (Form					31			-	
	32	Add lines 28, 29, and 31. These are your total other payments and refundable credits								32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments								33	174.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								34	174.
riorana	35a									35a	174.
Direct deposit?	b	Routing number 3 2 1 2 7 0 7 4 2 c Type: Checking Savings									
See instructions.	d	Account number 6 1 6 6 1 3 9 6 0 7									
	e								n page 1.		
		enter it here.							. •		
	36	Amount of line 34 you want app				···.	36			-	
Amount	37 Subtract line 33 from line 24. This is the amount you owe .										
You Owe		For details on how to pay, go to		-		ctions .				37	
	38										
Third	Do you want to allow another person to discuss this return with the IRS? See instructions. Yes. Complete to									lete be	ow. 🗵 No
Party Designee	Designee's Phone Personal identifiname no. number (PIN)										
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
Sign	Your signature Date Y					Your occupation If t			If the	e IRS s	ent you an Identity
Here				STUDENT				ection inst.)	PIN, enter it here		
İ	Phone no. Email address							-			
Paid	Preparer's name Preparer's signature						Date		PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA	SYAM I	PRIYA RAM S	SAGAR G	UPTA	04/0	4/2024	P0208	2703	Self-employed
Preparer		name GLOBAL TAXES		·					Phone n		78)965-9522
Use Only		address 245 ROONEY (RUNSWICK N	J 08816	5			Firm's E		4-3171965

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Your identifying number

125-51-9972 RAHUL RATHOD KADAVATH Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) **Nature of Income** (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c 3 4 Motion picture or TV copyright royalties 5 Real property income and natural resources royalties 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and (f) LOSS 16 (a) Kind of property and description (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources subtract (d) from (e). descriptive details not shown below) subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-18 Form 4797, or both.

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

Name sh	nown on Form 1040-NR	Your identifying number									
RAHU	L RATHOD KADAVATH				125-51-99	72					
Α	Of what country or countries w										
В	In what country did you claim residence for tax purposes during the tax year? United States										
С	Have you ever applied to be a		☐ Yes	⊠ No							
D	Were you ever:										
					⊠ No						
2.	A green card holder (lawful permanent resident) of the United States?										
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.										
Е	If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax yearF1										
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?										
G	List all dates you entered and		-								
	Note: If you're a resident of C				_						
	check the box for Canada or				Mexico						
	Date entered United States	Date departed United Stat	es	Date entered United State			d States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy	П	nm/dd/yy					
н	Give number of days (including	vacation nonworkdays and		were present in the United	States during:						
••		, 2022									
1	Did you file a U.S. income tax If "Yes," give the latest year ar	return for any prior year? .				☐ Yes	⊠ No				
J	Are you filing a return for a trus	st?				Yes	⊠ No				
•	If "Yes," did the trust have a l										
	U.S. person, or receive a contr					☐ Yes	☐ No				
K	Did you receive total compens	ation of \$250,000 or more	during the tax yea	ar?		☐ Yes	⊠ No				
	If "Yes," did you use an alterna	ative method to determine	the source of this	compensation?		☐ Yes	☐ No				
L	Income Exempt From Tax-If				tax treaty with	a foreign	country,				
	complete (1) through (3) below	. See Pub. 901 for more in	formation on tax t	reaties.							
1.	Enter the name of the country,				claimed the tre	aty benefit	, and the				
	amount of exempt income in th		•								
	(a) Cou	ntry	(b) Tax treaty ar	1		mount of exempt in current tax year					
				claimed in prior tax ye	ears income in	i current ta	x year				
	(e) Total. Enter this amount or	n Form 1040-NR, line 1k. D	o not enter it any	where else on line 1							
2.	Were you subject to tax in a fo	reign country on any of the	income shown in	n 1(d) above?		Yes	☐ No				
3.	. Are you claiming treaty benefits pursuant to a Competent Authority determination?										
	If "Yes," attach a copy of the Competent Authority determination letter to your return.										
M	Check the applicable box if:										
1.	This is the first year you are may with a U.S. trade or business u						onnected .				
2.	You have made an election in States as effectively connected										
					·						